

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

assistance in completing this form, see instructions on the reverse side.

(CFA-4)
Summary Sheet

31		ΒE	

TOTAL PAGES IN ENTIRE CFA-4 REPORT

IS THIS AN AMENDMENT?  Yes No			5	
COMMITTEE INFORMATION				
1. Full Name of Committee (as on Statement of Organization) Check if this is a new r	name			
Friends of David George				
2. Acronym or Abbreviated Name (if any)	3. Com	mittee Telep	hone Number	
	( 317	) 46	0.0318	
4. Mailing Address (address where all campaign finance correspondence is received)	heck if this	s is a new ad	dress	
8212 Jo Ellen Drive				
5. City, State, ZIP Code	6. Party	Affiliation (ii	f <i>applicable)</i> R	Republican
Fishers, IN 46038				
CANDIDATE INFORMATION (For Candidate's C	ommitte	es Only)		
7. Full Name of Candidate (include any nickname)	1		If Independe	nt Candidate
David C. George	Republi	can 		
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Cou	inty of Resid	ence Hamiltor	n
Fishers City Council – District 5 (SW)				
TYPE OF REPORT	_		CONVENTIO	N CANDIDATES ONLY
11. Check one:			Check one:	
Pre-Primary Pre-Election Annual Nomination Other			Pre-Conv	
Final/Disbands Committee (lines 18, 19, and 20 must be '0') Utgoing Treasurer (within 10 days amend Statement of	f Organization	)	Post-Cor	nvention
12. Reporting Period:			JMN A	COLUMN B
From: 1/1/13 Through: 12/13/13			Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		11,5 <u>28</u> .	48	11.500.10
14. Cash on hand and investments January 1, current year.				11,528.48
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)	_			
15a. Itemized (use Schedule A)		4.95		4.95
15b. Unitemized		0	_	0
15c. Add lines 15a and 15b in both columns	OTAL	4.95		4.95
	OTAL	11,533.	43	11,533.43
EXPENDITURES	01712	11,000.	<del></del>	11,000.40
(Note: These amounts include in-kind expenditures and loan repayments.)				
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		1,000		1,000
17b. Unitemized		0		0
<del>-</del>	TOTAL	1,000		1,000
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	10,533.	43	10,533.43
19. Debts OWED BY the committee (use Schedule D)	, , , , , ,	0		10,000.10
20. Debts OWED TO the committee (use Schedule E)		0	<u>- Տ է ԾՈԹՓ</u> (Ֆ)	-
20. Debts Oyved 10 tile continuitee (use ochedule E)			<del>- 83</del>	A July Added
CERTIFICATION			, F	OR OFFICE HISE ONLY?
F OF MY KNOWLEDGE AND BELIEF IT IS TO	RUE, CORF	RECT AND CO	MPLETE:	HA OLIVE

TREASURER

Date

Date

or sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly erson who fails to file a complete or accurate report as required by the Indiana and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

12/14



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

# (CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER				
Page _	2	of	5	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.  Bank Interest Accrual	Contributions: Direct In-Kind (describe)			1/16/13
	Other Receipts:  Interest Loan  Misc. (specify)	0.49	0.49	dcg
Contributor's Occupation (if required)		_		
2.	Contributions: Direct In-Kind (describe)			2/15/13
Dank Interest Accrual	Other Receipts:  Interest Loan  Misc. (specify)	0.49	0.49	dcg
Contributor's Occupation (if required)				
3.  Bank Interest Accrual	Contributions: Direct In-Kind (describe)		0.42	3/15/13
Dank interest Acciual	Other Receipts:  Interest Loan  Misc. (specify)	0.43	0.43	dcg
Contributor's Occupation (if required)				
4.	Contributions:  Direct In-Kind (describe)			4/16/13
Bank Interest Accrual	Other Receipts:  Interest Loan  Misc. (specify)	0.45	0.45	dcg
Contributor's Occupation (if required)		1		
5. Bank Interest Accrual	Contributions:  Direct In-Kind (describe)	0.43	0.43 0.43	
Contributor's Occupation (if required)	Other Receipts:  Interest Loan  Misc. (specify)			dcg
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$2.29		
TOTAL OF ALL PAGES OF SCHEDULE		\$		



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# (CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER					
Page	_3	of	5_		

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.  Bank Interest Accrual	Contributions: Direct In-Kind (describe)	0.45	0.45	6/14/13
	Other Receipts:  Interest Loan  Misc. (specify)			dcg
2.	Contributions: Direct In-Kind (describe)	0.43	0.43	7/16/13
Bank Interest Accrual	Other Receipts:  Interest Loan  Misc. (specify)			dcg
3.	Contributions: Direct In-Kind (describe)	0.45	0.45	8/16/13
Bank Interest Accrual	Other Receipts:  Interest Loan  Misc. (specify)			dcg
4.  Bank Interest Accrual	Contributions:  Direct In-Kind (describe)	0.45	0.45	9/16/13
	Other Receipts:  Interest Loan  Misc. (specify)			dcg
5.  Bank Interest Accrual	Contributions:  Direct In-Kind (describe)	0.43	0.43	10/16/13
Dank interest Accidat	Other Receipts:  Interest Loan  Misc. (specify)			dcg
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$2.21		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet)	\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

## (CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

**Itemized Contributions and Other Receipts** 

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE I	NUMBE	R	
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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	Contributions: Direct In-Kind (describe)	0.45	0.45	11/15/13
Bank Interest Accrual	Other Receipts:  Interest Loan  Misc. (specify)			dcg
2.	Contributions:  Direct In-Kind (describe)		_	
	Other Receipts:  Interest Loan  Misc. (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Misc. (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Misc. (specify)			
5.	Contributions:  Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Misc. (specify)			
	THIS PAGE OF SCHEDULE A	\$0.45		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	A ON THE LAST PAGE ONLY  M. 15a of the Summary Sheet)	\$4.95		



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## (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER					
Page _	5	_ of	5	_	

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE OF EXPENDITURE	
	OFFICE SOUGHT (if applicable)	PURPOSE (be specific)	PERIOD	YEAR-TO-DATE	LAFENDITORE	
CodeC_ Hamilton County Republican Party 7246 Fishers Crossing Dr Fishers, IN 46038		□ Direct    □ In-Kind     □ Payment of Debt     □ Returned Contribution     □ Other	1,000	1,000	3/6/13	
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:				
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:				
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:				
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:				
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:				
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:				
	SUBTOTAL THIS PAG	GE OF SCHEDULE B	\$1,000			
TOTAL OF ALL PA	AGES OF SCHEDULE B ON THI		\$1,000			